



TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/623, 995
Filing Date	July 21, 2003
First Named Inventor	Wayne Pingel
Group Art Unit	3612
Examiner Name	Paul A. Chenevert

Attorney Docket Number PINGENT-16

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(For an Application)</i>	<input type="checkbox"/> After Allowance Communication
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	To Group
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) And Accompanying Petition	Of Appeals and Interferences
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Additional Enclosure(s) <i>(Please identify below):</i>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	PTO/SB/06 Patent Application Fee Determination Record
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	<p>Please charge any additional amount due in connection with this communication, or credit any overpayment, to deposit account number 15-0660. A duplicate copy of this letter is enclosed.</p>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name **Theodore J. Long, Reg. No. 20648**
Signature

Date **July 22, 2004**

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: July 22, 2004

Typed or printed name **Theodore J. Long, Reg. No. 20648**

Signature

Date **July 22, 2004**



TG

Patent Application

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Wayne Pingel

Date: July 22, 2004

Date Filed: July 21, 2003

Docket No.: PINGENT-16

Appln. No.: 10/623,995

Art Unit: 3612

For: WHEEL CHOCK MOUNTING PLATE ASSEMBLY Examiner: PAUL A. CHENEVERT

Certificate of Mailing

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on July 22, 2004
Date

Theodore J. Long
Signature

Theodore J. Long, Reg. No. 20648

Name of applicant, assignee or Registered Representative

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated May 7, 2004, please amend the application as follows:

08/10/2004 EKEY11 00000005 150660 10623995

01 FC:2201 215.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10-823-995

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	22	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22	minus 20 = 2
INDEPENDENT CLAIMS	3	minus 3 = 0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OTHER THAN SMALL ENTITY	
					RATE	ADDI- TIONAL FEE
Total	*	21	** 22	=	X\$ 9=	
Independent	*	8	*** 3	=	X42=	25
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=	18	OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL	393	OR TOTAL	

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=	25	OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OTHER THAN SMALL ENTITY	
					RATE	ADDI- TIONAL FEE
Total	*	Minus	**	=	X\$ 9=	
Independent	*	Minus	***	=	X42=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Best Available Copy